

GUIDE:



Understanding Challenging Behavior in Persons at Long Term Care Facilities and

How to Help

2008

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April 4, 2008

Dear Colleagues,

The Department of Health and Human Services recognizes and appreciates the valuable work that you do everyday to support and enhance the quality of life of persons in long term care facilities. At times, the behavior of a person receiving long-term care services may present a challenge in the work that you do. The Department is pleased to share with you ***Guide: Understanding Challenging Behavior in Persons at Long Term Care Facilities and How to Help.***

The purpose of the guide is to help care providers understand that behavior is a form of communication. By understanding what the person is communicating, behaviors can sometimes be prevented or readily diffused without becoming a crisis. This guide offers considerations, suggestions, and interventions to recognizing and addressing behaviors that are challenging.

Resource information is provided so that care providers can find community assistance for consolation and interventions if needed.

I want to thank everyone who collaborated in the completion of this guide including the Office of Elder Services, Office of Licensing and Certification, Office of Adult Mental Health Services, Office of Adults with Cognitive and Physical Impairments, Alzheimer's Association, Maine Health Care Association, Legal Services for the Elderly, Long-Term Care Ombudsman Program, and community long-term care providers to support work done by long-term care providers.

If you have any comments or suggestions regarding this guide, please contact the Office of Elder Services at 287-9200.

Sincerely,

Brenda Harvey, Commissioner

Guide:
Understanding Challenging Behavior in
Persons at Long Term Care Facilities
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Introduction

At times, persons living in long-term care facilities may exhibit puzzling and/or challenging behavior. The behavior may become difficult for staff to "deal with". This guide is intended to help:

- Recognize challenging behavior.
- Understand the causes of challenging behavior.
- Provide interventions to reduce incidents of challenging behavior.
- Determine if there is a need for alternative resources to address challenging behavior, and, if so, to identify those resources.

This guide provides guidance in determining the seriousness of the behavior in order to::

- Address the behavior in the long term care facility with existing staff.
- Address the behavior in the long term care facility with assistance from outside consultation.
- Recognize if the behavior is the result of a medical emergency and refer to appropriate medical treatment.
- Recognize if the behavior is the result of a psychiatric emergency and refer to crisis intervention.

Fundamental Principles Regarding Challenging Behavior Are:

1. Behavior is communication and has purpose and meaning. The difficulty with challenging behavior is that the intent of the behavior may not be immediately obvious. The challenge to staff is to understand what is being communicated and the purpose of the behavior even when the person may not be clear in what s/he is trying to communicate.

A challenging behavior may be a person's way of communicating:

- "I have a medical problem."
- "I'm in pain."
- "There's a problem with my medications."
- "I'm having difficulty functioning in my environment such as it's too cold, too dark, too noisy, or too boring."

- "I don't like what's happening to me or around me."
- "I want or need something."
- "I'm trying to avoid something that might be unpleasant, uncomfortable, painful or frightening."
- "I have a mental illness and my condition is escalating."

2. Behavior varies from person to person so predictors to challenging behavior are dependent on the person, his/her individualized functioning and the situation and environment in which s/he is functioning. *It is important to describe the person's individualized behavior rather than "label" or categorize the behavior by using terms such as violent, assaultive, resistive, or non-compliant. It is also important not to label the person by the behavior such as "spitter", "hitter", "screamer", etc.*

3. Behavior does not occur in a vacuum. Responses and reactions to environment, medical/physical conditions, pain, emotions/feeling, and sensory stimulation impact on behavior.

4. A calm and positive approach is usually helpful in addressing challenging behaviors.

Understanding Functioning to Understand Behavior

Functioning is a group of components that enables a person to do what's needed to live life. Simply stated, functioning is the ability, the environment and the support that results in a person's performance to do activities for living day-to-day. If there are barriers in ability, environment and/or support, behaviors and/or challenging behaviors may result to compensate for or to obtain what a person needs to live their life according to his/her values and preferences. A person's ability is impacted by physical/medical, mental, cognitive and emotional conditions as well as a person's coping strategies.

Therefore, to understand challenging behavior, it is important to understand a person's functioning to determine what is being communicated by the behavior. A comprehensive functional assessment uncovers the purpose underlying a challenging behavior by determining how a person functions in specific situations, in specific environments and with specific supports.

The assessment is completed with the person exhibiting the challenging behavior and;

- staff directly involved with the person,
- staff who understand and can assess functioning, and

- staff who have expertise in addressing challenging behavior.

The assessment includes an overview of the person's functioning, the environment in which s/he functions, and the behavior that is a challenge. The functional assessment also includes recommendations for supports, interventions and accommodations to enhance a person's functioning.

A **Functional Intervention Team** may be developed in the facility to oversee completion of the assessment and to provide support to staff as needed to address the persons' challenging behavior. Although it isn't necessary that the Functional Intervention Team be available 24/7, it is important that staff have access to a member of the team in person or by phone when a situation requires advice and/or support to address a challenging behavior. Staff's ability to address and/or avert challenging behaviors is important to preventing unnecessary transfers to the emergency room and/or hospitalizations that may be disruptive and disorientating to the person and result in further decline in functioning.

Physical / Medical Evaluation

Research indicates that at least 54% of the time, sudden changes in behavior are caused by physical/medical issues or by medication. Therefore, it is important to have a complete and comprehensive medical evaluation when there is a sudden or rapid change in a person's behavior for which there is no readily identifiable cause. If possible, a medical evaluation and/or treatment is provided to the person in his/her living environment in which s/he is comfortable to maintain the quality of life and to reduce the stressors caused by a change in environment.

The purpose of a physical/medical evaluation is to rule out physical, medical and/or medication-related causes for a challenging behavior. The medical evaluation minimally includes a physical assessment, blood work, pain assessment, urinary tract assessment, medication review, and basic hearing test and eye exam. Additional diagnostic testing, evaluations and procedures may be needed based on the results of the initial medical/physical evaluation.

A medication review is completed to determine whether there may be drug reactions, interactions and/or diminished drug efficacy that are causing behavioral changes. When possible, reduction of existing medications to their lowest dosage (strictly under physician direction) is recommended. When introducing a new medication, the general belief is to "start low and go slow".

Delirium

Delirium is a medical emergency which may result in challenging behavior. Symptoms may mimic those of dementia such as increased memory loss, confusion, agitation, impaired concentration, etc. However, the conditions causing delirium are usually treatable and the symptoms diminish as well as accompanying behaviors when the condition is treated. Some conditions that can cause delirium are;

Drugs which may be over the counter medications, controlled substances, non-controlled substances such as caffeine and nicotine, and illegal drugs..

Endocrine conditions causing thyroidal and/or hormonal imbalances.

Lytes, an imbalance in electrolytes.

Infections.

Respiratory distress.

Injury from falls or other mishaps.

Urinary tract infection.

Metabolic conditions.

Pain Assessment

For persons with impaired verbal communication and/or impaired cognitive functioning, it may be difficult to express pain. Some common behaviors that may indicate that a person is experiencing pain and the possible causes are:

- Pushing hand or fist in mouth may indicate conditions such as tooth ache, acid reflux disorder, nausea, or sinus problems..
- Hitting head or pinching nose may indicate headache, visual difficulties, sinus problems, or too visual/audio sensory over stimulation.
- Sitting toward one side may indicate hip pain, back problem, hemorrhoids, or discomfort in the genital area.
- Hugging mid-section may indicate stomach ache, gall bladder pain, constipation, or appendicitis..
- Holding genital area may indicate urinary tract infection, rash, or prostate problem.
- Hitting someone in the chest may indicate respiratory distress, acid reflux disorder, or chest pain.
- Hitting someone repeatedly on the head may indicate headache, sinus problems, toothache or breathing difficulties.

If signs or symptoms of pain are not readily recognized, a person's behavior may become challenging in an effort to seek attention and assistance to relieve the pain. Therefore, it is important to include a pain assessment in a medical evaluation when considering causes for challenging behaviors.

Emotional Assessment

Often times there are emotions that precede or accompany challenging behaviors. The behaviors can be prevented or more readily de-escalated by recognizing and addressing how a person is feeling emotionally. Feelings that may precipitate or accompany challenging behavior are:

- Anger
- Sadness
- Fearful
- Agitation
- Anxiety
- Frustration
- Irritation
- Worthlessness
- Hopelessness

Behavior can be altered by first acknowledging a person's feelings such as fear, anger, anxiety, or frustration and then addressing the situation. Ex. "I can understand that you're really upset about..." or "I see that you're very disappointed by ..." After recognizing and validating the feeling, then proceed to address the behavior or situations.

Environmental Assessment

An environmental assessment looks at the environment in which a person functions and how the person's functioning is impacted by that environment. The environment includes but is not limited to:

- Lighting.
- Sound or noise.
- Smell.
- Physical plant such as floor plan, location of furniture, color contrast or lack of contrast in walls, doors and chair rails, flooring (such as shiny linoleum, shag carpeting or unsecured rugs) and physical barriers or obstructions.
- Stimulators or lack of stimulators.
- Temperature.
- Accessibility or inaccessibility to places or things.
- Clutter.
- Natural cues and prompts or lack of cues and prompts.

Some examples of how environment impacts on behavior are:

1. Poor lighting might interfere with a person being able to see properly in order to perform a task. The inability to perform the task may result in frustration and

aggravation with accompanying behaviors. Having a well lit area in which to perform a task may eliminate the behavior.

2. The reflection that results from bright lights being on in a room can cause reflection in a window at night. A person seeing the reflections may become fearful and scared. The resulting behavior might be screaming, hiding, or throwing things at the window. By pulling the shades or curtains, the behavior is curtailed.

When environmental factors are identified as the cause of challenging behaviors, they are often easy to address and can readily diminish or eliminate the behavior..

Functional Behavioral Plan

As already mentioned, the Functional Assessment Team assures completion of a functional assessment and provides recommendations to address a person's challenging behaviors. The recommendations are the **Functional Behavioral Plan**. The functional assessment is the basis on which a Functional Behavioral Plan is developed. The plan is both proactive and responsive in addressing challenging behavior. The plan is proactive because it identifies positive behavioral supports that prevent challenging behaviors from occurring and recognizes precipitators to challenging behaviors so that they are avoided or diminished to prevent the behavior from occurring. The plan is responsive in that it identifies interventions to effectively de-escalate challenging behaviors when they occur. The Functional Behavioral Plan is developed using a person's strengths, familiar skills and current coping mechanisms to create effective interventions and to make environmental accommodations that will address a person's challenging behaviors. Facilities that implement the Best Friends™ Approach to Alzheimer's Care can utilize information contained in "**Life Stories**" to develop interventions and environmental modifications to address challenging behaviors in the Functional Behavioral Plan.

Interventions in the plan are not to "punish" a person for challenging behaviors.

Overall, the plan identifies what supports a person's functioning and what impairs a person's functioning. The supports include interventions and environmental modifications that are integrated into the person's care plan and that are familiar to all staff caring for the person.

The plan is an ongoing document and will undergo revisions as the person undergoes changes in his/her behavior and/or condition. The plan describes:

- Overall functioning of the person such as daily routines, patterns of functioning, and performance of daily activities.
- Challenging behaviors.
- Physical/medical stressors, sensory loss, pain, or psychiatric conditions.
- Emotional stressors such as fear, anxiety, anger, frustration, confusion, helplessness, or despair.
- Environmental stressors such as lighting, temperature, sound, or physical layout.
- Triggers to challenging behavior such as situation, time of day, people involved, and environment.
- Recommended supports, interventions and environmental modifications.

For persons with a history of challenging behavior prior to his/her admission to the facility, it is helpful to develop a Functional Behavioral Plan that is in place at the time of admission or shortly thereafter.

Addressing Challenging Behavior

Three considerations in addressing challenging behavior are:

1. Is the behavior causing an emergency or crisis?
2. Is the behavior an abrupt change, but not causing a crisis?
3. Is the behavior a gradual change?

If at all possible, it is best to address challenging behavior with existing program staff with whom the person is familiar and comfortable. However, in a crisis situation that may not be possible. As already mentioned, if there is a physical/medical cause for the behavior resulting in a crisis, treatment is provided where it's most appropriate. If the crisis is the result of a psychiatric condition, then a mental health crisis program may be contacted to provide an effective intervention.

Crisis Intervention to Address Challenging Behavior

Information to have readily available when seeking immediate assistance from a crisis program is as follows:

- The individual's name and date of birth.

- Description of the behaviors that are of concern, including onset, duration, interventions that have been tried and the outcomes of the interventions.
- Person's account about what is happening or causing concerns.
- Any recent changes that have been noted or observed such as medical condition, medication regimen or physical issues.
- Daily routines and patterns of activity such as sleeping, eating, interacting and communicating.
- Any changes in staff and/or environment.
- Any changes in surroundings such as roommate moved, changed or died?
- Any changes in the person's life circumstances.
- Any recent assessments, tests or evaluations that have been completed and date completed.
- Name of medical provider and contacts made.
- The last time medication was taken.
- List contacts that need to be made on the person's behalf for support or permission for treatment or intervention such as guardian, physician, family member or other.
- Any psychiatric/mental health history, if known.
- Type of intervention needed.
- Advance Directive, if there is one.

In non-crisis situations, information is gathered to describe the behavior and to identify interventions and accommodations to address the behavior using the following steps:

1. Describe the behavior and why it's a problem. See Appendix 1
2. Measure the severity of the problem resulting from the behavior. See Appendix 2.
3. Review the information with the Functional Intervention Team and determine"
 - a. Has the challenging behavior already been resolved requiring no further actions?

- b. If the behavior has not been resolved, develop Functional Behavioral Plan that includes person's functioning and strengths, direct interventions, environmental modifications, indirect interventions,
4. If the development or implementation of the plan requires consultation from outside the facility, then follow then see *Gathering Information for the Consultant* below.

Gathering Information for a Consultant

Have the following ready for the primary physician and/or consultant:

- The reason for the consultation as defined by the team.
- A record of behaviors (you might use the worksheets “Defining the Problem” and “Measuring Behavior” in the section on “Handling Difficult Behavior Internally.”)
- A recent set of postural vital signs and an older set for comparison.
- Information about the client’s compliance with medications.
- Current MMSE with comparison to prior MMSE.
- A list of medications currently being taken and any recently changed.
- A list of PRN meds used during the past week.
- Recent laboratory data. (Especially information on infections, blood sugar level, electrolytes, UA and blood pressure).

Hints for Handling Common Challenging Behaviors

Although behaviors are individualized and are addressed on a person-by-person basis, there are some general ways of responding to some common behaviors that may be challenging. The behaviors and responses are listed below.

Agitation

Evaluate the medication.

Try rhythmic music.

Find a constructive task for the person such as sorting cards or folding towels.

Reduce environmental stimulation such as background noises, confusing signs, or unorganized activities.

Simplify tasks by breaking them down into simple steps doing one step at a time.

Approach the person in a calm and gentle manner.

Never approach the person from behind.

Anger or Aggression

Keep daily routine consistent. *Avoid surprises.*

Protect person from hurting self or others.

Gently remove the person from the stressful environment or situation.

Use calming touch as appropriate and with person's permission.

Redirect person when first signs of anger/aggression appear.

Avoid logic or asking questions that the person may have difficulty understanding or answering.

Get assistance when other interventions are not effective.

Wandering

Allow person to wander, but assure that the environment is safe and secure.

Help person find way around by clearly labeling rooms with signs/pictures.

Accompany the person on walks.

Develop a scheduled time and duration for doing activities.

Engage person in activities in which s/he is interested.

Reassure person if/when s/he is disoriented from wandering.

Resistive to Care

Use calm, matter-of-fact approach with step-by-step instructions.

Assure privacy and support for personal care.

Offer simple choices.

Be aware of non-verbal communications and respond accordingly.

Make care giving time special and pleasant.

Sundowning or Nighttime Restlessness

Provide adequate lighting.

Assist in reducing caffeine intake.

Reduce environmental activity that is confusing or over-stimulating.

Encourage physical activity to expend energy.

Provide a soothing and comforting environment.

Disrobing

Make sure that the person is not hot or have a fever.

Make sure that person's clothes are comfortable – not too tight, too loose, too stiff or too rough.

Do not scold, but assist the person to re-dress.

Use clothes with closure that are not easily accessible.

Provide things that person can do to use his/her hands for tactile stimulation or repetitive hand activity.

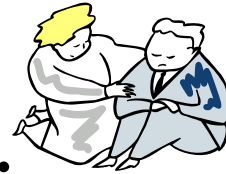
Simple Tips for Responding to Challenging Behaviors

- Stay calm.
- Show genuine interest in the person.
- Be patient and flexible.
- Speak clearly using short, direct sentences.
- Look for cause for the behavior.
- Don't argue or try to convince.
- Respond to emotion, not the behavior.
- Acknowledge requests and respond to them.
- Explore various solutions.
- Find other outlets for behavior, re-direct.
- Don't take behavior personally.

Universal Advice

When all else fails,

Do something Kind.



If that doesn't work,



Do something else Kind.

Appendix 1: Challenging Behavior Worksheet

To understand and address a behavior that may be challenging ask questions such as, but not limited to:

1. What is the behavior?

Describe the behavior rather than label the behavior or the person.

What is being communicated by the behavior?

2. What caused the behavior? (Identify the "triggers" to the behavior.)

Describe what happened.

Describe the circumstances surrounding the behavior such as environment, people involved, when it occurred, precursors to the behavior and extenuating circumstances.

How was the person feeling physically?

How was the person feeling emotionally?

Is there a pattern to the behavior? If yes, describe frequency, precipitators and circumstances.

3. What makes the behavior challenging?

Describe the impact or consequences of results of the behavior.

Describe outcomes in when the behavior occurs and if it continues to occur.

4. For whom is the behavior challenging?

Is the behavior challenging for the person exhibiting it? Yes___ No___

If yes, why?

Is the behavior challenging for others? Yes___ No___

If yes, for whom is the behavior challenging and why?

5. What needs to change for the behavior to no longer be challenging? (Refer to question #2 above to answer the questions below.)

The environment? How?

The activities? How?

The interventions? How?

Supports? How?

Attitudes? How?

The answers to questions #2 and #5 will not only help staff to address challenging behavior, but will often help staff in preventing challenging behavior.

(After completing the Worksheet, it is often helpful to reconsider the information provided and revise accordingly. It may be helpful to ask each question again and /or ask different people if possible. You may get different observations and additional suggestions for effective interventions and methods of communication. .

Sometimes the conclusion to considering the above questions may be that the behavior is not challenging, but rather a reasonable reaction to a situation of which staff was not aware.

Information to identify precipitators to behavior and interventions for behavior is shared with all staff that interact with the person.

Appendix 2: Worksheet for Interventions

The following tool is used to identify behavior and effectiveness of interventions:

Describe behavior:

Person's Functioning Strengths	Interventions / Supports Based on Person's Strengths	Environmental Changes	Results

Update and revise as needed.

Appendix 3: RESOURCES

Consultant and Consultation Services

If a situation requires consultation to the Functional Intervention Team, a consultant may be available through your organization or through the Department of Health and Human Services (DHHS). Check with your supervisor to determine the availability of a consultant.

Laura Cote is the Behavioral Consultant contracted by DHHS to provide consultation and behavioral assessments for persons living at licensed long-term care facilities in Maine. Laura may be contacted at 207-897-9573 to discuss a situation or to schedule an assessment or consultation.

Utilization Review (UR) Nurses are often the “go to” person in general for questions, educational needs and behavioral management. They provide consultation and identify community resources when outside services may be needed to address challenging behaviors. Since UR Nurses are often out-of-office, at hospitals and facilities, request that the person be paged if in urgent situations. The UR Nurses may be contacted at the Regional Offices as follows:

<u>Region I (Cumberland and York Counties)</u>	1-800-269-5208
	822-0270

<u>Region II (Kennebec, Somerset, Sagadahoc, Lincoln, Knox, Waldo</u>	1-800-675-1828
<u>Androscoggin, Oxford, and Franklin Counties)</u>	287-9170

<u>Region III (Aroostook, Penobscot, Hancock, Piscataquis,</u>	1-800-963-9491
<u>and Washington Counties)</u>	941-4360

Training

The Office of Elder Services, Department of Health and Human Services, provides **Best Friends™ Approach to Alzheimer's Care** training which is a person-centered and life-affirming approach to care that is founded in the values and principles of friendship. Training is provided throughout the state at no cost for service providers and caregivers of individuals with dementia. For more information about the training, contact Romaine Turyn or Jan Halloran at 287-9201 or 1-800-262-2232.

The Department of Health and Human Services offers education and training to enhance knowledge and skills of service providers of persons needing long-term care. A listing of trainings is available at www.maine.gov/dhhs/setu.

The Alzheimer's Association – Maine Chapter provides training throughout the state regarding dementia awareness and ways to address challenging behaviors exhibited by persons with dementia. To obtain a schedule of trainings, contact the Association at 772-0115 or at the website www.alz.org

***Crisis Intervention**

For a medical or psychiatric crisis, be aware if the person has an "Advance Directive" that specifies the person's treatment choices in case of an emergency in which s/he is unable to express treatment choices.

Always contact your supervisor when there is a crisis situation and follow your organizations crisis procedure.

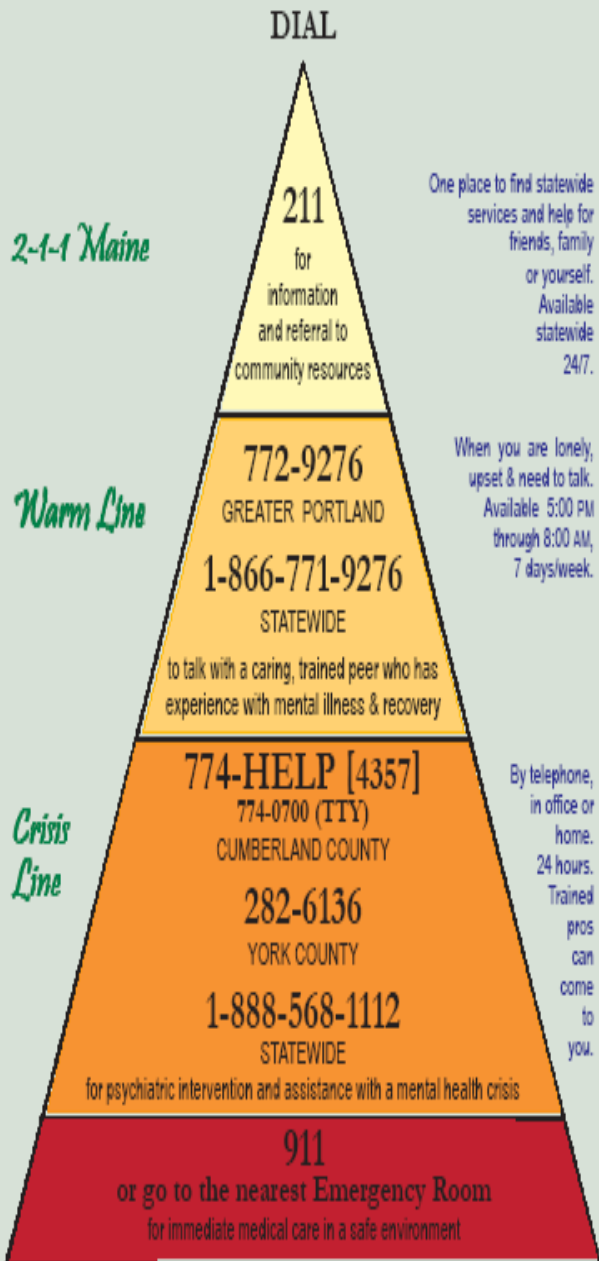
For a medical emergency, the phone number is: 911

For a psychiatric crisis, the number is: 1-888-568-1112

This number connects the caller with one of the agencies listed below depending on the location of the number from which the call is being made:

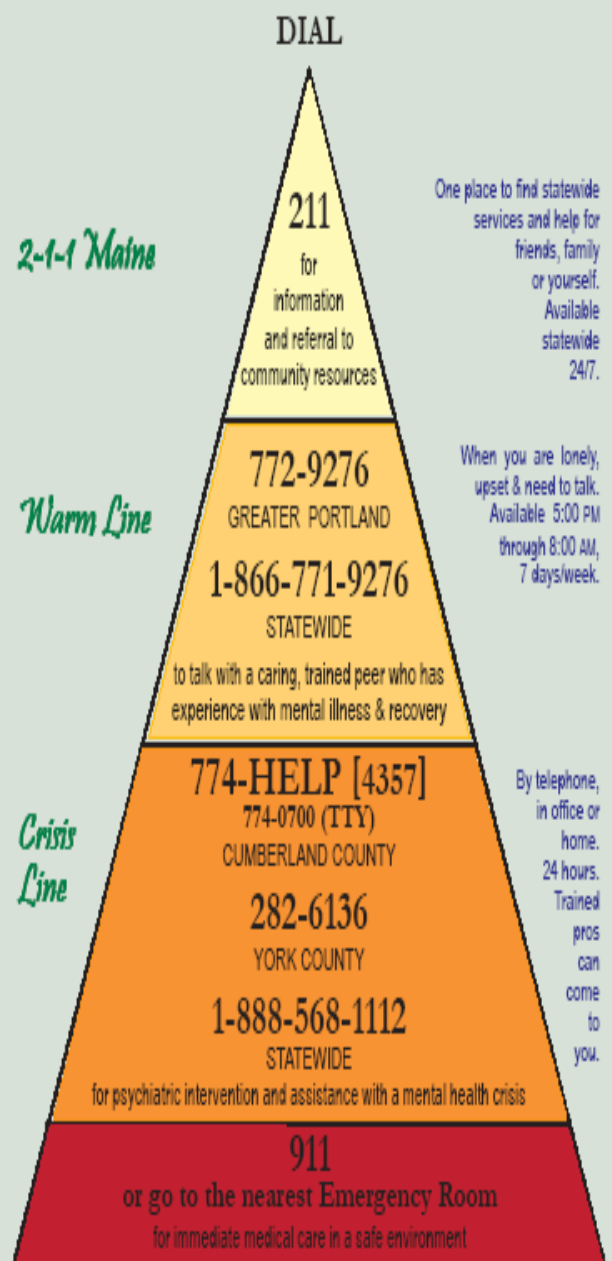
Refer to Mental Health Pyramid on next page for statewide contact numbers depending on the severity of the situation.

FINDING THE
Right MENTAL HEALTH RESOURCE
BEGINS WITH DIALING THE
Right TELEPHONE NUMBER



Created in collaboration with Maine Dept. of Health and Human Services-Adult Mental Health and Ingham

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ATTENTION EMERGENCY ROOM STAFF

_____ has a _____ and may be frightened, confused, or disoriented. The following information is provided to help you engage and reassure her/him.

S/he worked as a/an _____.

S/he likes to talk about _____

_____.

S/he is upset when _____

_____.

It's important to know this about her/him. _____

_____.

DO

- Use person's name (above) when talking with her/him.
- Smile – use reassuring body language and gentle touch.
- Speak calmly and slowly using simple sentences and words.
- Repeat questions/information as needed.
- Allow her/him time to respond to questions.
- Read body language to better understand her/him
- Use visual cues and gestures to communicate.

Remember s/he may not understand what is happening.

DO NOT

- Ask too many questions.
- Expect her/him to understand or remember what is said or done.
- Raise your voice (unless person is having difficulty hearing).
- Rush or become impatient.

TREAT PERSON AS A FRIEND